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An Inaugural Dissertation
on
Inflammatory Pleurisy
by
John. A. Skinner.
M.D. 146 28th

Passed March 18th 1823

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We shall treat of this disease in the following order.

First. The Nature; Second. Variety; Third. Simple Inflammatory Pleurisy.

First the Nature of the disease

The existence of this disease has been known since the days of Hippocrates; but it is of late, only, that the true nature of it has been understood.

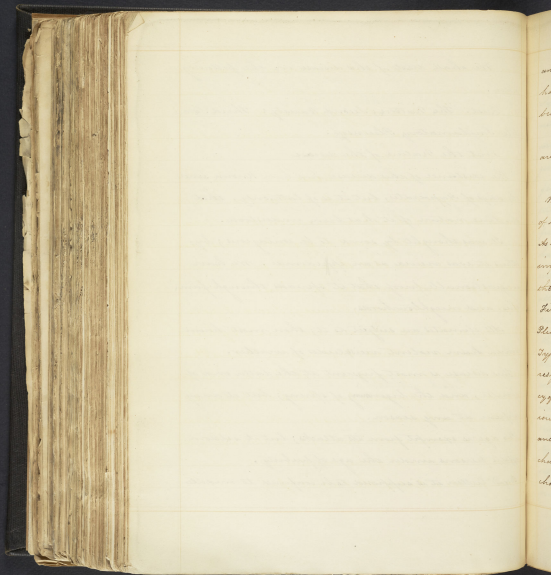
It was thought by some to be contagious; by others it was viewed as an epidemic. We have unquestionable proof that it spreads through families, and neighbourhoods.

All climates are subject to it; those most however which have violent vicissitudes of weather.

This disease is most frequent at the latter end of winter, and the beginning of spring; but it may appear at any season.

No age is exempt from its attacks; but it seldom affects persons under the age of puberty.

By Dr Cullen it is supposed to be confined to middle



and advanced life. Some of the most severe cases which have fallen under our observation however have been persons about the age of puberty.

Those who are of a robust and plethoric habit are most liable to this disease.

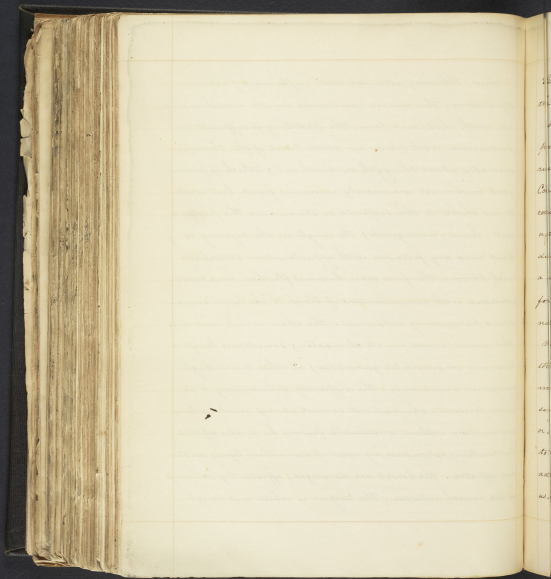
Secondly. Variety of the disease.

We will confine our remarks to those four varieties of this disease which appear in our Southern States. So much, because they must be of greater interest and importance to us, as, that there will be found among them a form not mentioned by writers.

First. Simple inflammatory; Pleurisy; Second. Typhus Pleurisy, or Pleurisy attended with fever of Typhus or Typhoid character; Third. Inflammatory Bilious Pleurisy, with symptoms of congestion in the liver or a redundancy of bile and an inflammatory fever, Fourth the Typhoid Bilious Pleurisy, with the same bilious symptoms and appearance of Hepatic determination and a fever of alone Typhoid character. It is the first of these varieties which we have chosen for the subject of the present essay.

Third. Pleurisy attended with inflammatory action.

Symptoms. This disease commences in the usual manner with chill, and fever. The breathing is difficult accompanied with pain in some part of the thorax, generally about the fifth or sixth rib; which is pungent and most commonly remains fixed, but sometimes shoots to the scapula or sternum. The pulse is full, hard, and quick; The cough in the beginning is hard and dry followed with expectoration streaked with blood. The face soon becomes flushed and swollen attended with determinations of blood to the head sometimes producing delirium. The skin is hot and dry, the urine varies in its character; sometimes limpid and in considerable quantities; at other times high coloured and scanty. The difficulty of breathing is always present, the patient cannot always make a long inspiration without considerable pain, he is also affected by position, experiencing most pain when lying on the side affected. The bowels are deranged; affected by costiveness or too much relaxed. The tongue is white and rough

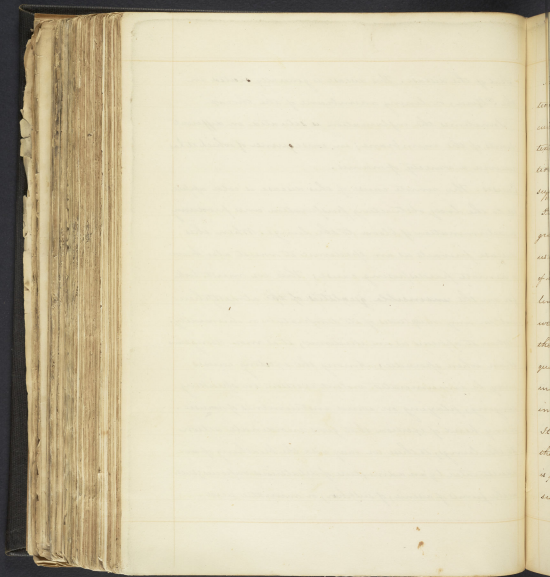


seat of the disease. This disease is generally seated in the Pleura, or lining membrane of the thorax.

Sometimes the inflammation is situated in different parts of the membrane; in consequence of which it has received a variety of names.

Causes. The remote cause of this disease is cold applied to the body, obstructing perspiration and producing a determination of blood to the lungs. When this disease prevails as an epidemic it must also have a remote predisposing cause; This we must look for in the insensible qualities of the atmosphere not in any vicissitudes of its temperature or humidity;

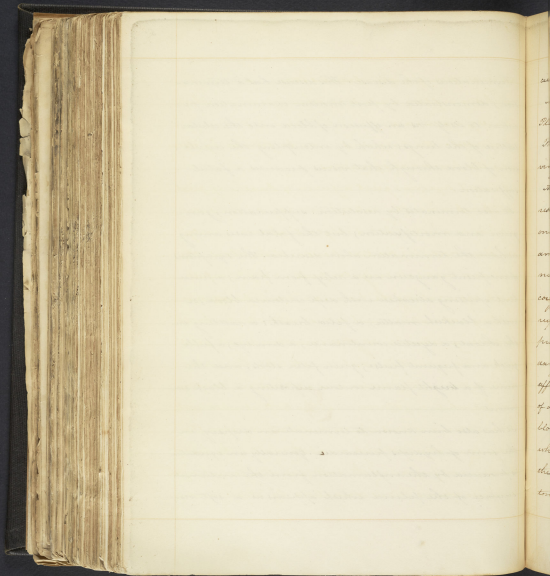
When it appears as an epidemic, it is more dangerous than when sporadic; Among the exciting causes may be innumerable violent exertion in speaking, singing, playing on wind instruments of music, or any kind of exertion that gives inordinate action to the lungs, to these we may add the breathing of air adulterated by an admixture of deleterious vapours; such as the fumes of arsenic, of sulphur, or muriatic acid.



Terminations of the disease. This disease has a termination, demonstrated by post mortem examination peculiar to itself viz. an effusion of blood into the alveolar texture of the lungs; which by interrupting the circulation of blood through that viscus produces a fatal suffocation.

It also terminates by resolution, suppuration, gangren and mortification; but the fatal cases among us have the termination above described. The symptoms of insipient gangren are a relief from pain; a purulent spitting streaked with deep coloured blood, or with a blackish matter; a fetid breath; a rattling in the throat; a dyed countenance; a dim eye; a feeble quick and frequent pulse; green fetid stools; and the mine of a bright flame colour depositing a black sediment.

It has also been known to terminate in dropsy, in the form of hydrof. pericardii. Generally an exudation is produced by the inflammation from the internal surface of the pericardium which appears as a soft vis-



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ced most often of a membranous form

solitary inflammation is another mode in which
Pleurisy terminates.

Prognosis. The prognosis may be formed by observing the principal symptoms.

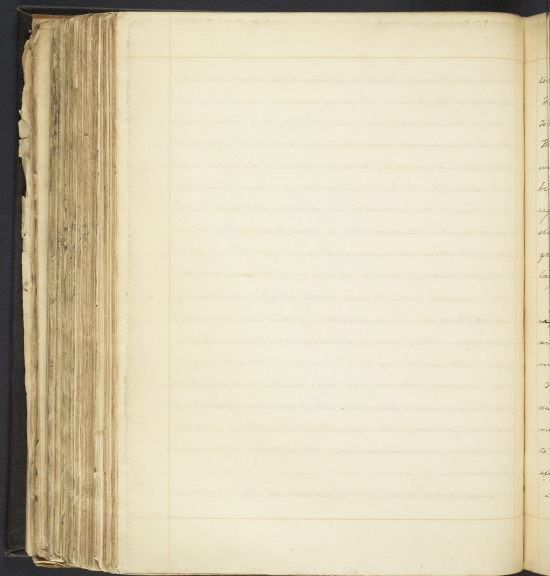
A violent pyrexia; great difficulty of breathing, great restlessness when the patient can lay on one side only; or on neither, but is obliged to assume nearly an erect posture; partial perspiration about the neck and head; an irregular pulse; a dry, painful cough aggravating the pain; an acute pain interrupting respiration; much determination to the head producing delirium. All these symptoms denote great danger. The evacuation which seems to have the greatest effect in promoting resolution is a copious expectoration of a thick white or yellowish matter a little streaked with blood. When a copious warm perspiration covers the whole body, attended with an abatement of the heat of the skin and frequency of the pulse and other febrile symptoms, also copious bilious evacuations by stools and

discharge of urine with a copious sediment and the shifting of the pain. These symptoms are favourable.

When this disease terminates fatally it is between the fourth and seventh day, but in some instances death takes place at a later period. When this disease is violent resolution takes place during the first week, but when it is moderate, it often is delayed to the second week. Occasionally a remission takes place from the third to the seventh day but this is generally fallacious; for the disease sometimes returns with renewed violence and with greater danger.

Diagnostics. The diagnostics of this disease are the following. The pulse is hard, quick, full, and frequent; the cough dry and painful; the skin dry and parched, the tongue dry, white, and rough; the face tinged, and flushed; the pain pungent in the right or left side; the difficulty of breathing not so great as in peripneumonia; when fatal it terminates by effusion.

Indications of cure. In the course of the disease, at

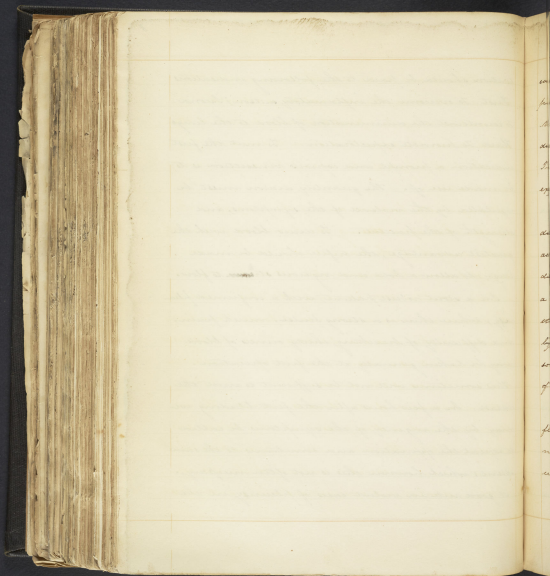


attention should be paid to the following indications
 First. To overcome the inflammatory action; Second
 To counteract the determination of blood to the lungs
 Third To promote expectoration. To meet the first
 indication a prompt and copious venesection is to
 be made use of. The quantity drawn must be
 regulated by the violence of the symptoms, and
 strength of the patient. To draw blood with the
 greatest advantage, the orifice should be made
 large, to allow a bold and vigorous stream to flow.

In a stout robust patient, with a confirmed pleu-
 rasy, where there is a strong pulse, much pain,
 and difficulty of breathing, thirty ounces of blood
 may be taken generally at the first operation.

This sometimes will not be sufficient to arrest the
 disease. In a few hours after the first bleeding we
 may by the urgency of the symptoms be called
 to repeat the operation and sometimes to the same
 extent; which however this is not often necessary.

A good rule in violent cases of pleurisy, in the



early stage is not to tie up the arm until the pain subsides, and the respiration is relieved.

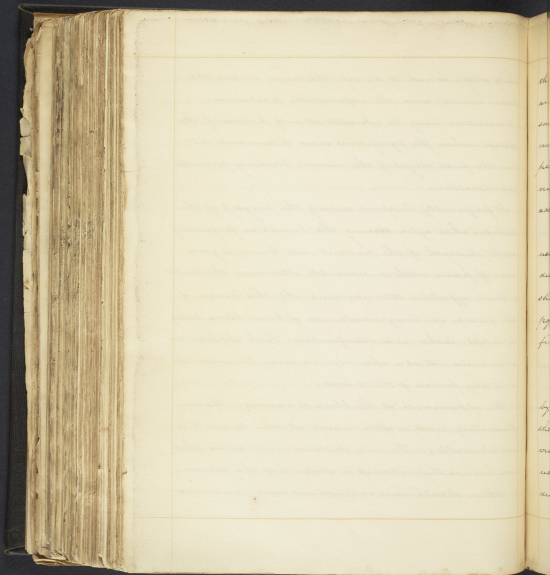
Amputation may be repeated at any period of the disease when the symptoms seem to demand it.

In the first stages of the disease bleeding promotes expectoration.

It frequently happens during the progress of the disease, that after ~~using~~ the lancet as frequently as the strength of the patient will bear, a good deal of pain with considerable action in the pulse, a local affection still remains. At this period of the disease we may make use of local blood letting by cups, leeches, and scarifications. Such applications sometimes act as a charm, and may be made use of at any period of the disease.

The appearance of the blood is various. The inflammatory crust is often present at other times, it is not observable. The only criterion indications which we have is the mildness or violence of the disease.

When spontaneous evacuations occur, and relieve

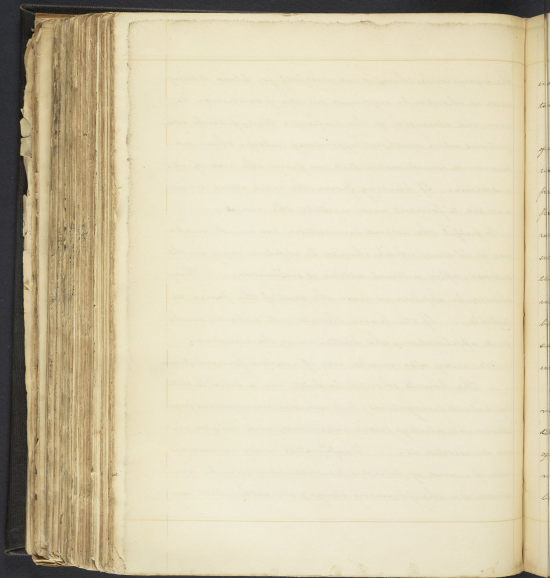


the symptoms, there is no necessity for blood letting and it should be enjoined on the practitioner to save the strength of the patient. But if such evacuations occur without affording relief, their appearance must not deter us from the use of resection. If bleeding from the nose occur we are advised to foment and irritate the nose.

To fulfil the second indication, we must make use of blisters, which should be applied early in the disease, after arterial action is subdued. They should be applied as near the seat of the pain as possible. If the pain should not subside on the first application, the blister may be renewed.

We may also make use of warm fomentations.

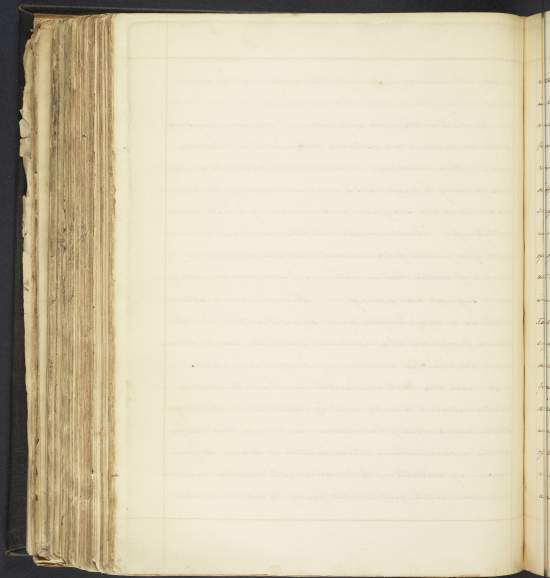
The bowels should be kept in a soluble state by saline purgatives; but copious evacuations from the bowels always prove injurious, and should never be resorted to. Diaphoretics may be made use of, and if copious perspiration can be induced in the forming stage, we either put an



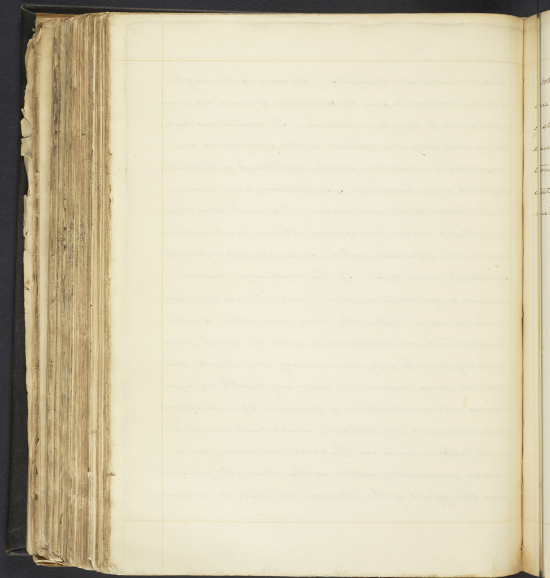
into the disease, or ~~decrease~~ ^{relieve} the violence of the symptoms

Of the Diaphoretics employed in the former stage of the complaint are asclepias decumbens or plenus, root. This medicine is valuable on account of its producing a diaphoresis without raising the temperature of the surface, and producing a steady and refreshing. Antimonial powders composed of one sixth of a grain of tartarized antimony, ten or twelve of nitre has sometimes been made use of with signal advantage. This medicine acts as both as a diaphoretic and expectorant. For the same purpose the nasal salt in combination with tartarized antimony, have been used.

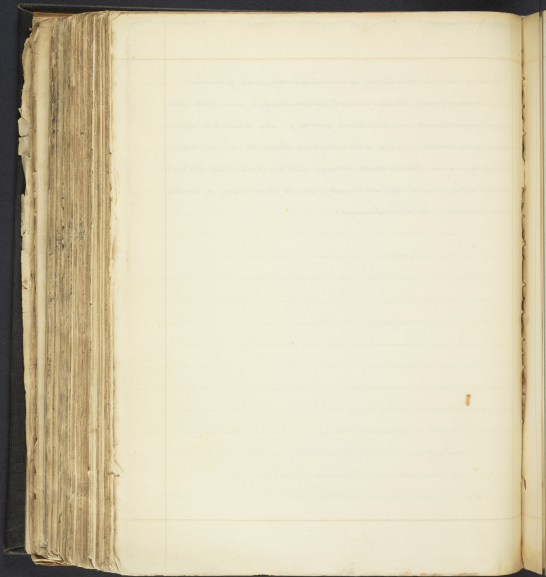
To meet the last indication we have proposed mild diluent drinks impregnated with the vegetable acids, may be made use of in this stage of the disease when there is still a degree of pulmonary irritation, to procure rest opium in combination with gum arabic may be administered

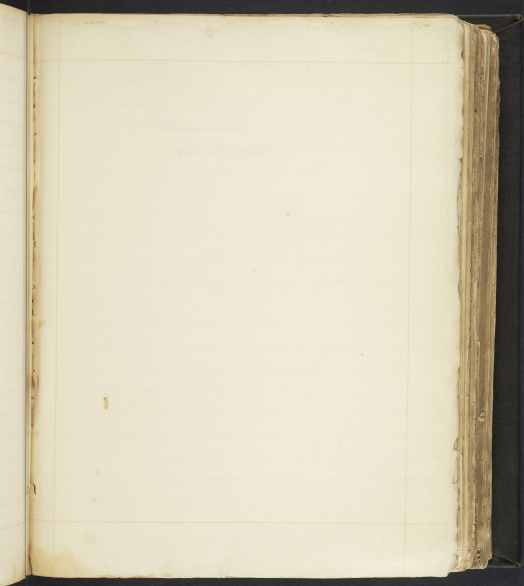


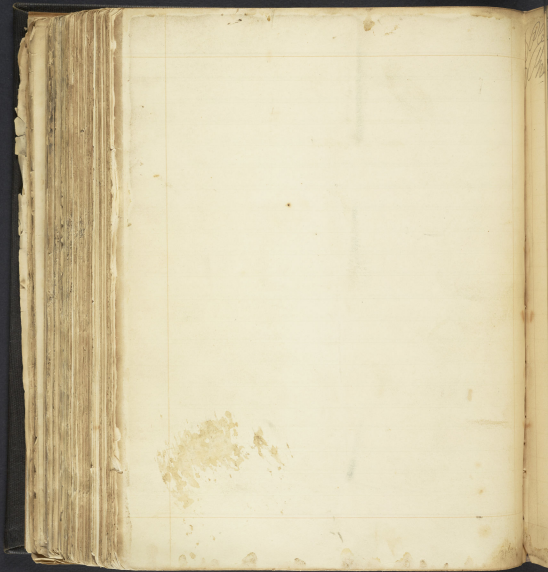
with considerable benefit. As soon as the cough is loosened and a free expectoration appears we may make use of cough mixtures. It sometimes happens, that after the violence of the symptoms are removed, a hard dry cough, tightness of the chest, difficult and laborious respiration, and some slight pain still continue. In such cases there is nothing more beneficial, than, combinations of opium, spissacuanha, and calomel repeated at stated intervals. If the mixture should induce a salivation, this should be no objection to the remedy. After the fever and other acute symptoms have disappeared, and the cough, and disability, are the only remaining complaints, the patient may regain his ordinary health by a judicious administration of opium, by a cautious improve diet, by exercise, which last must be of the passive kind in the first instance, and made gradually active as the strength returns and the effects of the disease are seen to disappear.



When in a state of convalescence, the greatest care should be taken not to indulge in the use of stimulents or heating food, He should venture on wine and spirituous liquors very cautiously, and to avoid every act calculated to irritate the chest too severely or to produce a determination to the lungs.







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Pneumonia

Dr. R. Stone

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